

Docket No. 43966-CB/JPW/AGIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Graham P. Allaway et al.
Serial No. : 09/904,356 Examiner: Jeffrey S. Parkin
Filed : July 12, 2001 Group Art Unit: 1648
For : METHODS FOR INHIBITING HIV-1 ENVELOPE GLYCOPROTEIN-
MEDIATED MEMBRANE FUSION

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: November 2, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	16 -	* 20 =	*** X	\$25	\$50	=	0	
Independent Claims	2 -	** 3 =	*** X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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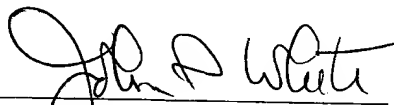
The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 0.00 included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 510.00 for a Petition for 3 Month(s) Extension of Time
- ☒ Other (identify): Request for Continued Examination- \$395.00 filing
fee

THE TOTAL FEE DUE IS \$ 905.00.

- ☒ A check in the amount of \$ 905.00 is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. §1.17

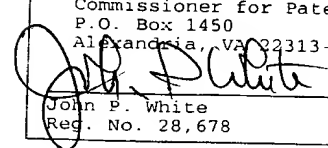
Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
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P.O. Box 1450
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John P. White
Reg. No. 28,678

Date

11/2/06